

New Applicants or Change of Owner Applicants:

As part of the licensing process, you must submit a set of policies and procedures to Licensing and Certification prior to obtaining your license. The policies and procedures help to outline the day to day operations of your facility. The development of your policies and procedures should include **both the policy and procedures**.

A **policy** is defined as a definite course or method of action...to guide and determine present and future decisions (i.e. think of the policy as the goal of what you want to accomplish).

A **procedure** is defined as a particular way of accomplishing something or of acting, or a series of steps followed in a regular definite order, or a traditional or established way of doing things (i.e. think of the procedure as the steps that staff will need to take to reach the goal/policy).

Some examples may be:

Example #1:

Policy: Facility does not admit or retain residents who are a danger to themselves or others.

Procedure: Prior to admission the administrator will meet in person with the resident and conduct the admission assessment. The administrator will also review previous history and physical and interview former caregivers, caseworkers and/or family to determine if there is any history of the resident exhibiting behaviors that would be a danger to self or others.

Example #2:

Policy: All medications will be maintained in a locked area.

Procedure:

1. The facility will keep medications they monitor in a medication cart.
2. The medication cart will be locked each time the medication aide walks away from the cart.
3. When the medication cart is not in use, the cart will be locked in the medication room.
4. Residents who self-administer the medications will store their medication in a lock box located in their rooms.
5. Monthly room checks will be done to ensure residents who self-medicate store their medications in the lock box.

Attached you will find a policy and procedure checklist which will guide you in addressing the policies and procedures required in IDAPA 16.03.22. The checklist contains the requirements for policies and procedures, which can be found throughout the regulations. Therefore, the listed requirements on the checklist may not be in the same order as the rules, but may be gathered together in subject for easier reference to rule requirements.

The checklist has been color coded and marked to help you as you develop your policies and procedures. If you see font in **blue or it begins with “Note”**, these areas help to clarify policy requirements. If you see font in **red or numbered (i.e. 1, 2, 3, etc)** these are areas that will need to be specifically addressed in the policy and procedure.

The rules do not limit the policies and procedures that a facility can develop. As you are developing your policies and procedures you may determine there are other policies and procedures you would like to implement at your facility. Although not specifically listed in the rules, there are some suggested/best practice policies that could be developed to enhance the day to day operations of the facility. These are as follows:

- ❖ Quality Assurance Program (s)
- ❖ Negotiated Service Agreements
- ❖ Uniform Assessment Tool/Assessments
- ❖ Coordination of Outside Service Agencies
- ❖ Nursing Tasks & Expectations
- ❖ Fall Prevention Program

Policy and Procedure Worksheets

STAFFING (Refer to 16.03.22.162, 16.03.22.600, 16.03.22.625, 16.03.22.630 & 16.03.22.640)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility <u>must</u> develop a <i>policy and a set of procedures</i> that detail the level of staffing required at the facility, which should be based on the numbers of residents, residents needs, and the configuration of the facility. i.e. 1. Describe the facility's layout (how many beds) 2. How the level of staffing is determined, including up and awake staff 3. (Note: Address in policy only if applicable) How the staff will be configured if there are detached units/multiple building				
2	For facilities licensed for fifteen (15) beds or less (Note: Address in policy only if applicable): The facility should describe how they will have at least one (1) or more qualified and trained staff, immediately available, in the facility during resident sleeping hours. Additionally, describe what plan the facility will have if at any time any resident has been assessed as having night needs or is incapable of calling for assistance (Note: Staff must be up and awake)				
3	For facilities licensed for sixteen (16) beds or more (Note: Address in policy only if applicable): Describe how the facility will ensure qualified and trained staff are up and awake and immediately available in the facility during resident sleeping hours				
4	Facilities with residents housed in detached buildings or units (Note: Address in policy only if applicable): How will the facility ensure at least one (1) staff is present and available in each building or unit when residents are present in the building or unit. Also, how will the facility ensure that each building or unit complies with the requirements for on-duty staff during resident sleeping hours in accordance with the facility's licensed bed capacity as provided in Subsections 600.01 and 600.02 of these rules. (Note: The Licensing and Survey Agency will consider a variance based on the facility's written submitted plan of operation: Describe the facilities layout [how many buildings are on site and how many beds within each building] and how the facility will determined the level of staffing that will be provided within the buildings)				
5	Facilities that have entered into a Mental Health Bed contract with the Department (Note: Address in policy only if applicable): How will the facility ensure there is at least one (1) staff up and awake at night to assure the safety of all residents				

6	Describe how the facility will ensure the administrator has provided supervision for all personnel which includes contract personnel. The policy should address: 1. How the facility will provide and deliver orientation training to caregivers, contract personnel, facility nurse and volunteers 2. How the facility will ensure that staff who have not completed the orientation training requirements will work under the supervision of a staff who has completed the orientation training				
7	Describe how the administrator will schedule sufficient personnel to meet the following needs:				
a.	1. How will the administrator/facility ensure there are adequate staff to provide cares to all residents during all hours, to meet the terms of each resident's Negotiated Service Agreement 2. How will the facility ensure residents' health, safety, comfort, and supervision needs are met by having adequate staffing 3. How will the facility ensure there is adequate staffing to maintain the interior and exterior of the facility in a safe and clean manner				
b.	1. How will the facility ensure that there is at least one (1) direct care staff with certification in first aid and cardio-pulmonary resuscitation (CPR) in the facility at all times 2. (Note: Address in policy only if applicable), How will a facility with multiple buildings or units ensure that there is at least one (1) direct care staff with certification in first aid and CPR in each building or each unit at all times 3. Describe the facility's process/system to ensure staff have their CPR and First Aid certification				

Policy and Procedure Worksheets
ACTIVITY (Refer to 16.03.22.151 & 16.03.22.210)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility must develop a policy and a set of procedures that describe how activities will be implemented. Describe how the facility will develop and implement activities which will assist, encourage and promote residents to maintain and develop their highest potential for independent living through their participation in planned recreational and other activities. The policy must also address the following items:				
a.	Describe what activities will be developed to encourage socialization through group discussion, conversation, recreation, visiting, arts and crafts, music				
b.	How will the facility implement daily living activities to foster and maintain independent functioning				
c.	Describe how physical activities will be implemented at the facility to include: items such as games, sports, and exercises to help develop and maintain strength, coordination, and range of motion				
d.	How will the facility develop and implement education opportunities, e.g. through special classes or activities				
e.	How will the facility ensure residents are allowed leisure time so they may engage in activities of their own choosing				
f.	Describe how the facility will utilize community integration activities to promote resident participation in integrated activities of their choice both in and away from the facility				

Policy and Procedure Worksheets
ADMISSION (Refer to 16.03.22.152)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility must develop a policy and a set of procedures that guide personnel on admission requirements. The admission policy must include the following items:				
a.	Describe the purpose, quantity and characteristics of available services				
b.	Describe any restrictions or conditions imposed because of religious or philosophical reasons				
c.	Describe any limitations concerning delivery of routine personal care by persons of the opposite gender (Note: This refers to how and if the facility will meet any requests that personal cares (i.e. hygiene, showers, toileting, etc) be completed by a staff of the same or different gender)				
d.	Describe how the facility will provide notification to residents living in the facility of any residents who are on the sexual offender registry and who live in the facility				
e.	Describe how the facility will determine if residents are an appropriate placement and how their needs will be met, when there are non resident adults or children residing in the facility (Note: This refers to facilities that might have staff and families residing at the facility: 1. How will the facility determine if a resident is appropriate for placement, especially when children are living at a facility 2. How will the facility ensure the needs of all parties, especially the residents are met)				
2	Describe how fees will be handled and documented in the facility. The description should include: 1. A listing of the fee charges and the process of how residents will be charged for services 2. How the fee information will be distributed to the residents prior to admission 3. How and when the fees will be changed and the timeframes related to fee increases 4. How basic services will be included in the facility's base monthly rent and how the facility will prevent ala-carte or cafeteria pricing plans				
3	Describe how residents' funds will be handled when residents' funds are deposited with the facility or administrator (Note: The facility must manage the residents' funds as provided in Sections 39-3316 (1), (5) & (6), Idaho Code, and Section 505 and Subsections 550.05 and 550.06 of these rules) The following items should be addressed:				
a.	A statement if the facility does not manage resident funds (Note: Address in policy only if applicable)				

b.	If the facility manages resident funds, describe how the facility will handle and safeguard funds (Note: Address in policy only if applicable)				
4	Describe how the facility will proceed when a resident is <u>admitted, discharged or transferred</u> within the facility. The description should include 1. How the facility and/or resident will give notice 2. If refunds are available (if so, how refunds are handled) 3. How the resident's property will be handled, etc				

5	Describe the facility's conditions for <u>admitting and retaining</u> residents at the facility. The following items should be included:				
a.	A resident will be admitted or retained only when the facility has the capability, capacity, and services to provide appropriate care, or the resident does not require a type of service for which the facility is not licensed to provide or which the facility does not provide or arrange for, or if the facility does not have the personnel, appropriate in numbers and with appropriate knowledge and skills to provide such services				
b.	No resident will be admitted or retained who requires ongoing skilled nursing or care not within the legally licensed authority of the facility. Such residents include:				
i.	A resident who has a gastrostomy tube, arterial-venous (AV) shunt, or supra-pubic catheter inserted within the previous twenty-one (21) days				
ii.	A resident who is receiving continuous total parenteral nutrition (TPN) or intravenous (IV) therapy				
iii.	A resident who requires physical restraints, <u>including bed rails</u> , an exception is a chair with locking wheels or chair in which the resident cannot get out of				
iv.	A resident who is comatose, except for a resident who has been assessed by a physician or authorized provider who has determined that death is likely to occur within fourteen (14) to thirty (30) days (Note: the physician's determination should be documented in the resident record)				
v.	A resident who is on a mechanically supported breathing system, except for residents who use CPAP (continuous positive airway pressure)				
vi.	A resident who has a tracheotomy who is unable to care for the tracheotomy independently				
vii.	A resident who is fed by a syringe				
viii.	A resident with open, draining wounds for which the drainage cannot be contained				
ix.	A resident with a Stage III or IV pressure ulcer				
x.	A resident with any type of pressure ulcer or open wound that is not improving bi-weekly				
xi.	A resident who has MRSA (methicillin-resistant staphylococcus aureus) in an active stage (infective stage)				
xii.	For any resident who has needs requiring a nurse, the facility must assure a licensed nurse is available to meet the needs of the resident				
xiii.	A resident will not be admitted or retained who has physical, emotional, or social needs that are not compatible with the other residents in the facility				
xiv.	A resident that is violent or a danger to himself or others				
xv.	Any resident requiring assistance in ambulation must reside on the first story unless the facility complies with 16.03.22.401 and 16.03.22.401 which is related to the fire extinguishing system				

xvi.	Residents who are not capable of self-evacuation must not be admitted or retained by a facility which does not comply with the NFPA Standard #101, "Life Safety Code, 2000 Edition, Chapter 33, Existing Residential Board and Care Impracticable Evacuation Capability" (fire extinguishing system)				
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Policy and Procedure Worksheets
ADDITIONAL POLICIES (Refer to 16.03.22.153)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility must develop a <i>policy and a set of procedures</i> to assure that allegations of abuse, neglect and exploitation are 1. identified 2. reported 3. documented 4. investigated 5. interventions to prevent reoccurrence are implemented 6. protection of the resident is ensured				
2	The facility must develop a <i>policy and a set of procedures</i> that describe how staff are to respond in the following emergency situations:				
a.	Describe how the facility will instruct staff on what steps to take when a medical and/or a psychiatric emergency occurs (Note: The facility needs to instruct staff on how and when to contact 911 and in what emergency conditions/situations to contact the facility nurse. If 911 is called, when will the facility nurse be notified of the situation. If the nurse is called during the situation, when will she/he assess the situation and in what time frame will she/he instruct the caregivers on how to respond to situation)				
b.	Describe how the facility will instruct staff on what steps to take when there is a resident's absence (Note: These situations may include, but are not limited to: elopement, resident left the building and is unaccounted for, etc)				
c.	Describe how the facility will instruct staff on what steps to take when there is a criminal situation (Note: Criminal situations can be related to many issues, it is important for the facility to instruct staff on when to report situations that may be criminal and who they should report these incidents to)				
d.	Describe how the facility will instruct staff on steps to take when there is a presence of law enforcement officials at the facility				
3	The facility must develop a <i>policy and a set of procedures</i> to guide staff when there is a change in a resident's health or mental status and what the facility's professional licensed nurse (RN) role is when there is a change in condition (Note: If it is not an emergency situation, but the resident needs a medical assessment describe: 1. How the facility staff will contact the nurse 2. When will the facility staff contact the nurse 3. How the nurse will assess the resident 4. What timeframe will the nurse respond to the staff/resident)				
4	The facility must develop a <i>policy and a set of procedures</i> that include how the facility will provide for and ensure the following care and services are provided to residents:				

a.	How will the facility ensure residents' activities of daily living needs are met				
b.	How will the facility ensure residents' dietary needs are met, including what the facility will do when a resident refuses to eat or follow a prescribed diet				
c.	How will the facility maintain residents' dignity				
d.	How will the facility ensure each individual's rights are upheld				
e.	How will the facility provide medication assistance to residents				
f.	How will the facility provide for and protect residents' privacy				
g.	How will the facility provide for social activities				
h.	How will the facility ensure supervision is provided to the residents				
i.	How will the facility support residents' independence				
j.	How will the facility provide residents with telephone access				
5	The facility must develop a <i>policy and a set of procedures</i> that describe how the residents' property will be identified and kept safe				
6	The facility must develop a <i>policy and a set of procedures</i> that describe what interventions staff are to use to keep residents safe during unsafe situations i.e. physical or behaviorally caused. (Note: If you have identified interventions in other sections of your facility's policies and procedures, reference those procedures on how the facility will provide for resident safety. If you have not addressed elsewhere in your policies, include staff training, procedures and interventions staff will use to protect residents during unsafe situations)				
7	The facility must develop a <i>policy and a set of procedures</i> that describe the behavior management plan process which needs to include: 1. How a timely assessment will be completed and documented 2. How will the least restrictive interventions be implemented to address behaviors 3. How the facility will document and monitor the effectiveness of the interventions				
8	The facility must develop a <i>policy and a set of procedures</i> that ensure accidents and incidents address the following: 1. How the incidents and accidents will be identified 2. How the incidents and accidents will be reported 3. How the investigation will be conducted for incidents and accidents 4. How the incidents and accidents will be documented 5. How interventions/prevention plans will be utilized to help reduce reoccurrence and how will they be documented to assure the resident's protection				
9	The facility must develop a <i>policy and a set of procedures</i> for the operation, periodic inspection, and maintenance of the physical plant, which includes utilities, fire safety and plant maintenance/testing for all areas of the facility's campus				

10	The facility <u>must</u> develop a <i>policy and a set of procedures</i> for the handling of hazardous materials. (Note: Describe how the facility will handle hazardous materials as well as store them safely)				
11	The facility <u>must</u> develop a <i>policy and a set of procedures</i> on how potentially dangerous mechanical equipment will be handled. (Note: Describe how safe practices will be implemented in association with the care and storage of the equipment)				

Policy and Procedure Worksheets
EMERGENCY PREPAREDNESS (Refer to 16.03.22.154)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility <u>must</u> develop a policy and a set of procedures that describes how the facility will implement their emergency preparedness plan in the event of: 1. Fire 2. Explosion 3. Flood 4. Earthquake 5. High wind or 6. Other emergency. The written procedures <u>must</u> contain the following information related to a natural/man-made disaster event:				
a.	A plan that describes who will respond				
b.	A descriptive list of each person's responsibilities				
c.	Description of where and how residents will be evacuated				
d.	Description of how emergency agencies will be notified and who will notify them				
2	The facility <u>should</u> develop policies and procedures on when and how they will implement a fire watch. (Note: When a required fire alarm or automatic fire extinguishing system is rendered inoperable for a period of 4 hours or more, the facility administrator is responsible to assure a fire watch is in place) The following items need to be addressed in the fire watch policy:				
a.	(Note: The following components should be addressed in i. & ii. [see below on checklist]) 1. Who the facility will notify if the system is inoperable 2. How the facility will relay the estimated time of repair 3. When will they notify the parties the system is back in service				
i.	The local fire department				
ii.	Licensing & Certification (FLS survey team at (208) 334-6626)				
b.	Describe how the facility will assign a competent and reliable person with access to communications, who will patrol the facility on a complete set of rounds every 30 minutes. (Note: This person shall have no other duties other than the patrol; this individual should be trained in fire prevention observation and in notifying occupants and the local fire department, should a fire occur. Duties include checking areas affected by the fire system outage, to include storage areas, hazardous areas, resident rooms, employee work areas, break rooms and exit corridors)				
c.	Describe how the facility will document the fire watch. (Note: A log should be kept of each round of patrol identifying who conducted the fire watch, the date, the time and situations encountered during the fire watch)				
d.	Describe what training has been completed for the personnel assigned to complete fire watch duties (Note: training for personnel assigned to fire watch duties should include the identification and control of fire hazards including: open flames, electrical hazards, cooking hazards, heating equipment hazards, and other specialized equipment or process hazards in the facility)				

Policy and Procedure Worksheets
HOURLY ADULT CARE (Refer to 16.03.22.155, 16.03.22.345, 16.03.22.720 & 16.03.22.725.02)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility must develop a <i>policy and a set of procedures</i> of how hourly adult care will be provided. Provide a description of the services that will be offered i.e. transportation services, meals, activities, and supervision				
a.	Describe how the facility will ensure all medications and treatments are ordered by a physician or authorized provider				
b.	Describe how the facility will provide assistance with medications to hourly adult care individuals: 1. How will the facility provide assistance and monitoring of medications 2. How will the facility ensure medications are brought to the facility 3. How will the facility store the medications while medications are at the facility				
2	The facility must develop policies and procedures to specify what types of individuals may or may not be accepted for hourly care. Include what limitations there are to participate in hourly care at your facility (Note: No individual will be admitted to the hourly adult care program that requires skilled nursing or for whom the facility cannot adequately provide services and supervision) Also address the following:				
a.	1. How adult care services will be provided to such a number of individuals that the facility can handle without interference with the normal activities of the facility 2. How will staffing be determined (Note: staffing must be based upon the needs of all residents in the facility to include full-time residents and hourly adult care individuals)				
b.	Describe how the facility will provide hourly adult care individuals' with provisions of time appropriate accommodations; which include: napping furniture for day time hours, 6 AM through 10 PM, such as lounge chairs, recliners and couches				
i.	Describe the layout of the facility and how the facility will ensure they have the ability to space napping furniture at least 3 feet apart				
ii.	Describe how the facility will ensure the availability of beds and bedrooms during sleeping hours when needed by the hourly adult care individual (Note: This bed will not be counted as a licensed bed if the individual sleeps over)				
iii.	Describe how the facility will ensure that beds and bedrooms of non-hourly residents' will not be utilized by hourly adult care individuals				
3	The facility must develop policies and procedures to describe what the cost of the program is to the individual. Include a description of the cost of the program and how it is determined within your P & P				

4	The facility <u>must</u> develop policies and procedures to describe what health documents and other pertinent information is required for the individual. 1. How the individual's record will be maintained 2. How pertinent health and social information relevant to the supervision of the individual will be documented/maintained 3. How the care and services provided to the individual will be documented and 4. How the records will be kept/stored for 3 years				
5	The facility <u>must</u> develop policies and procedures to describe how the facility will maintain identification information i.e. emergency telephone numbers of family members and physician/authorized provider				
6	The facility <u>must</u> develop policies and procedure to describe how the hours of care will be determined and what the availability of time periods will be for individual's participating in adult hourly care; which cannot exceed fourteen (14) consecutive hours in a twenty-four (24) hour period				
7	The facility <u>must</u> develop policies and procedures on how an hourly adult log will be kept. (Note: Describe how the residents dates of service will be maintained at the facility. The log must be kept for 3 years)				

Policy and Procedure Worksheets
INFECTION CONTROL (Refer to 16.03.22.156 & 16.03.22.335)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility <u>must</u> develop a <i>policy and a set of procedures</i> to describe what infection control guidelines will be followed at the facility to protect both staff and residents. 1. What infection control guidelines will be used at the facility 2. How staff will be trained 3. How staff will implement the infection control procedures 4. How the administrator will assure the infection control policy is implemented				
2	The facility <u>must</u> develop a <i>policy and a set of procedures</i> to follow when a staff member has an infectious disease. 1. What infectious diseases may impact the staff members ability to work at the facility 2. Address how it will be determined if a staff will not be able to work or if they will need to be reassigned due to having an infectious disease 3. If staff can work in another area, where would that be and how would contact or transmission be limited				
3	The facility <u>must</u> develop a <i>policy and a set of procedures</i> of <u>how and when</u> they will notify the local public health office of a resident or staff member who has a reportable disease listed in IDAPA 16.02.10, "Idaho Reportable Diseases". The policies and procedures should also take into consideration the immediacy of implementing the infection control measures as instructed by the local public health office. (Note: Refer to www.epi.idaho.gov for the reportable disease list)				
4	The facility <u>must</u> develop a <i>policy and a set of procedures</i> to describe how universal precautions will be used in the facility to prevent the transmission of infectious disease. (Note: Refer to the guidelines for disease control and prevention at this website: www.cdc.gov/ncidod/hip/Blood/universa.htm. Also, use the website www.cdc.gov/handhygiene as a resource tool to help develop policies and procedures on how staff can use proper hand washing techniques)				

Policy and Procedure Worksheets

MEDICATION (Refer to 16.03.22.157, 16.03.22.305, 16.03.22.310, 16.03.22.711, & 16.03.22.735)

Board of Nursing Rules (BON)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility must develop a <i>policy and a set of procedures</i> that guide staff on how medications will be handled in the facility. The policy should include the following items:				
a.	Describe what medication distribution system will be used at the facility. (Note: The facility must use medi-sets or blister packs. The facility may use multi-dose medication distribution systems that are provided for residents receiving medications from the Veterans Administration or Railroad benefits. The medication system must be filled by a pharmacist and appropriately labeled in accordance with pharmacy standards and physician or authorized provider instructions. A licensed nurse may fill medi-sets, blister packs, or other Licensing and Survey Agency approved system as provided in Section 39-3326, Idaho Code and Section 157 of these rules)				
b.	Describe the process of how the facility will receive medications				
c.	Describe how the medications will be stored:				
i.	Describe how the facility will ensure all medications will be kept in a locked area, i.e. a locked box or room				
ii.	Describe how the facility will store poisons, toxic chemicals, and cleaning agents in separate locked areas apart from medications, i.e. a locked medication cart, locked box or room				
iii.	Describe how the facility will store biologicals and other medications that require cold storage and need to be refrigerated. Also, how the facility will monitor and document the daily temperatures to ensure the medication is maintained at thirty-eight to forty-five degrees (38-45°F) Fahrenheit				
2	Describe how the facility will instruct staff on 1. How to respond 2. How they will document the steps they take for each of the following events:				
a.	When a resident refuses a medication				
b.	When a resident misses a medication and the reason				
c.	When a resident's medication is not available				
d.	When medications are missing				
e.	When a resident receives an incorrect medication or dose				
3	Describe how the facility staff will document when residents have taken their medications				
4	Describe how the facility will monitor and discard unused medications. (Note: Unused, discontinued, or outdated medications cannot accumulate at the facility for longer than thirty (30) days):				

a.	If the facility enters into agreement with a pharmacy to return unused, unopened medications to the pharmacy for proper disposition and credit. Describe the process that would need to be followed: 1. When the facility plans on returning medications to the pharmacy 2. What conditions need to be met to return medications to the pharmacy 3. How will it be determined the conditions have been met 4. When will the medication be returned 5. How it will be done (Refer to IDAPA 16.03.09, "Rules Governing the Medicaid Assistance Program," Section 817, and IDAPA 27.01.01, "Rules of the Idaho Board of Pharmacy" to review rules associated with entering into an agreement with a pharmacy)				
b.	Describe the process of how the facility will dispose of unused medications in a manner that assures it cannot be retrieved				
c.	Describe how a written record of all drug disposals will be maintained in the facility. The written record needs to include the following items:				
i.	A description of the drug, including the amount				
ii.	Name of resident for prescription medication				
iii.	The reason for disposal				
iv.	The method of disposal				
v.	The date of disposal				
vi.	Signatures of a responsible facility personnel and a witness				
5	Describe how the facility will monitor/track, store and document controlled substances when in the facility (Refer to Title 37, Chapter 27, Idaho Code, and IDAPA 27.01.01, "Rules of the Idaho Board of Pharmacy," Section 495, and IDAPA 23.01.01, "Rules of the Idaho Board of Nursing Rules," Section 490 for more information about requirements)				
6	Describe how the facility will handle psychotropic or behavior modifying medication. The following items will need to be addressed:				
a.	Describe how the facility will ensure that psychotropic or behavior modifying medication 1. Will not be used as the first resort to address behaviors. 2. How will the facility attempt non-drug interventions to assist and redirect the resident's behavior prior to implementing psychotropic medications. (Note: If this has been addressed in the behavior management policy at section 153.07, please reference that policy and procedure. If it is not addressed, please address least restrictive interventions at this location)				
b.	Describe the facility's process on how they will ensure psychotropic or behavior modifying medications have been prescribed by a physician or authorized provider; include how it will be documented and where the information will be accessible to staff				

c.	Describe how the facility will monitor the resident's behaviors to determine if the psychotropic medication needs to be continued based on the resident's demonstrated behaviors (Note: If this has been addressed in the behavior management policy at section 153.07, please reference that policy and procedure. If it is not addressed, please address least restrictive interventions at this location)				
d.	Describe how the facility will monitor the resident for any side effects (e.g. tardive dyskinesia, extrapyramidal syndrome, over sedation, increase in gait imbalance, neuroleptic malignant syndrome, etc) of psychotropic medication that could impact the resident's health and safety: 1. What side effects will the facility monitor 2. Who/how will the facility staff be trained to watch for side effects 3. How will it be determined if consultation with a physician or authorized provider for side effects is needed				
e.	Describe what process the facility will use to 1. Ensure psychotropic or behavior modifying medications are reviewed by the physician or authorized provider at least every six (6) months 2. Describe how the facility will provide behavior updates (what will this look like) to the physician or authorized provider to help facilitate an informed decision on the continuing use of the psychotropic or behavior modifying medication: a. How will information be sent to the physician or authorized provider b. What documentation will be sent c. How often will the information be sent d. How will the facility communicate residents' behaviors and use of medications to the physician or authorized provider				
7	Describe how the facility will determine when unlicensed assistive personnel will provide assistance with residents' medications (Note: Refer to Board of nursing rules IDAPA 23.01.01.490.05 for further detailed information. This policy and procedure can also be referenced in the nurse delegation policy 157.02) The policy and procedure must include the following:				
a.	Describe how the facility will ensure staff have successfully completed a Board of Nursing approved medication assistance course prior to assisting residents with medications (Note: Refer to IDAPA 16.03.22.645 for requirements associated with medication assistance certification)				
b.	Describe how the facility will provide assistance with medications to residents, i.e. will each medication be given to the resident directly from the medi-set, blister pack or medication container				
c.	Describe how staff will monitor to ensure residents have taken their medications, i.e. how will they observe residents taking the medication				

d.	Describe the level of assistance with medications UAPs/staff will be able to implement in the facility, i.e. will it include: breaking a scored tablet, crushing a tablet, instilling eye, ear or nose drops, giving medication through a pre-mixed nebulizer inhaler or gastric (non-nasogastric) tube, assisting with oral or topical medications and insertion of suppositories				
8	Describe how the facility will implement nurse delegation at the facility. It will need to include: 1. What process the nurse will use to delegate assistance with medication and other nursing functions (e.g. vitals, blood pressure checks) to UAP/staff 2. How will the facility RN determine what tasks she/he will delegate to the unlicensed caregivers 3. How will the RN assure unlicensed caregivers are competent prior to delegation of nursing functions and medication assistance 4. How will the delegation be documented at the facility 5. How will the RN monitor to ensure delegation and assistance is being followed appropriately, per BON rule 23.01.01.400.03 (Note: The facility and the facility RN are to develop this policy to ensure the needs of the facility are met and that the policy complies with the Board of Nursing Rules) The nurse delegation policy should also address the following items:				
a.	Describe how the licensed professional nurse (RN) will develop a plan of care to determine if staff can be delegated to provide assistance to the resident (Note: A RN can prepare the section for assistance with medications of the negotiated service agreement or sign off on the entire NSA)				
b.	Describe what process the RN will use to provide written and oral instructions to the unlicensed assistive personnel prior to delegating, i.e. the reason(s)) for the medication, the dosage, expected effects, adverse reactions or side effects, and action to take in an emergency				
c.	Describe what process the RN will use to ensure proper measuring devices are available to UAP/staff for medications that are poured from a container				
9	Describe what process the facility will use to determine which residents can self-administer medication: 1. Who will be determining the resident's ability to safely self-administer their medications 2. How it will be determined (assessed) that a resident is capable of safely self-administering medications 3. How will the assessment be documented, i.e. Initial assessment from the RN, 90 day re-assessment 4. How the facility will manage the resident's current medication orders and/or current list of medications, if they self-administer medications				

Policy and Procedure Worksheets

FOOD AND NUTRITIONAL CARE (Refer to: 16.03.22.158, 16.03.22.450, 16.03.22.451, 16.03.22.455, 16.03.22.460 & 16.03.22.740)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility must develop a <i>policy and a set of procedures</i> that describe how the menu will be implemented to ensure residents nutritional needs are met. The following items should be addressed:				
a.	Describe how the facility will ensure there is a planned or approved menu available and has been signed and dated by a registered dietician				
b.	Describe how the facility will ensure menus: 1. Provide a sufficient variety of foods in adequate amounts at each meal 2. Offer foods that are particular to the community, in season, meet the residents' preferences, food habits and physical abilities 3. That menus are prepared in advance and are available to residents upon their request. 4. Document any substitutions given				
i.	For facilities licensed for 16 beds or less (Note: Address in policy only if applicable): Describe how the facility will ensure menus are planned in writing at least a week in advance				
ii.	For facilities licensed for 17 beds or more (Note: Address in policy only if applicable): Describe: 1. How the facility will develop and implement a cycle menu which covers a minimum of 2 seasons and is 4 to 5 weeks in length 2. How will it be ensured the recipes are standardized 3. How will the facility ensure that a current diet manual (The Idaho Diet Manual) is available in the kitchen				
2	Describe how the facility will implement therapeutic diets/menus and how it will be ensured residents nutritional needs are met. The following items should be included:				
a.	Describe how the therapeutic diets will meet nutritional standards				
b.	Describe how the therapeutic diet menu will be as close as possible to the regular diet menu				
c.	Describe how the facility will ensure an order for a therapeutic diet from a physician or authorized provider is obtained				
d.	Describe what steps the facility will take when a resident refuses food or refuses to follow a prescribed diet				
3	Describe how the facility will ensure residents receive adequate amounts of food and fluids to meet their nutritional needs. The following items will need to be included:				
a.	Describe how the facility will ensure residents receive at least 3 meals a day at regular times; which are comparable to the mealtimes in the community				

b.	Describe how the facility will meet the needs of a resident who was not at the facility for the noon meal, i.e. if not at noon meal a substantial evening meal must be served				
c.	Describe how the facility will ensure that there is no more than 14 hours between the substantial evening meal and breakfast				
d.	Describe how the facility will ensure residents are provided snacks between mealtimes and at bedtime; which includes an evening snack (Note: It is important to add how the facility will provide fluids during snack times and throughout the day/evening/night)				
4	Describe how the facility will maintain an appropriate food supply (Note: The policy should address the food supply requirements, i.e. The facility must contain 7 days of nonperishable foods and 2 days of perishable foods. The policy and procedure should also dictate that the food supply must have the appropriate amounts and types of food available to follow the planned menu)				
5	Describe how the facility will determine if and when it is appropriate to use disposable or single use items, i.e. paper plates, paper cups, plastic silverware, etc				
6	Describe how the facility will ensure no live animals of or fowl are kept in the food preparation or service areas and that food preparation or food service areas will not be used as staff living quarters				

Policy and Procedure Worksheets
RECORDS (Refer to: 16.03.22.159 & 16.03.22.700)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility must develop a <i>policy and a set of procedures</i> to ensure that records are complete and accurate. 1. How documentation will be accomplished within the facility 2. How the records will be maintained or updated appropriately 3. How the records will be stored at the facility				
2	Describe the process of: 1. How a resident will request access to their records 2. How the facility will ensure residents' access, within 1 business day to their records upon request				
3	Describe how the facility will determine who has access to the residents' records. This should include those authorized by law and allow for immediate access to records by surveyors				
4	Describe (Note: Address in policy only if applicable) how the facility will maintain electronic records. The policy and procedure should include the following items:				
a.	Describe how security measures will be put in place to ensure the authenticity of the electronic signatures				
b.	Describe how the records privacy and integrity will be maintained				
c.	Describe how the electronic records will be maintained and signed electronically				
d.	Describe the process of how an e-signature code is assigned to an individual and how the identities of those individuals with e-signature codes will be protected				
e.	Describe how passwords will be assigned and the frequency the passwords will be changed				

Policy and Procedure Worksheets
RESIDENT RIGHTS (Refer to 16.03.22.160 & 16.03.22.550)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility must develop policies and procedures to ensure that residents rights are promoted and protected in the facility. This should include a description of how the rights will be observed and protected. The following items should be addressed:				
2	Resident Records: The facility must maintain and keep current a record of specific information on each resident. Upon request, a resident must be provided access to information in his/her record				
a.	A copy of the resident's current Negotiated Service Agreement and physician or authorized provider's order				
b.	Written acknowledgement that the resident has received copies of the rights				
c.	A record of all personal property and funds that the resident has entrusted to the facility, including copies of receipts for the property				
d.	Information about any specific health problems of the resident that may be useful in a medical emergency				
e.	The name, address, and telephone number of an individual identified by the resident who should be contacted in the event of an emergency or death of the resident				
f.	Any other health-related, emergency, or pertinent information which the resident requests the facility to keep on record				
g.	The current admission agreement between the resident and the facility				
2	Privacy: Each resident must be assured the right to privacy with regard to accommodations, medical and other treatment, written and telephone communications, visits and meetings of family and resident groups				
3	Humane Care and Environment: Each resident has the right to humane care and a humane environment, including the following:				
a.	The right to a diet that is consistent with any religious or health-related restrictions				
b.	The right to refuse a restricted diet				
c.	The right to a safe and sanitary living environment				
d.	Each resident has the right to be treated with dignity and respect, including:				
i.	The right to be treated in a courteous manner by staff				
ii.	The right to receive a response from the facility to any request of the resident within a reasonable time				

iii.	The right to be communicated with, orally or in writing, in a language they understand. If the resident's knowledge of English or the predominant language of the facility is inadequate for comprehension, a means to communicate in a language familiar to the resident must be available and implemented. There are many possible methods such as bilingual staff, electronic communication devices, family and friends to translate. The method implemented must assure the resident's right of confidentiality, if the resident desires				
4	Personal Possessions: Each resident the right to:				
a.	Wear his own clothing				
b.	Determine his own dress or hair style				
c.	Retain and use their own personal property in their living area so as to maintain individuality and personal dignity				
d.	Be provided a separate storage area in his own living area and at least one (1) locked cabinet or drawer for keeping personal property				
5	Personal Funds: Residents whose board and care is paid for by public assistance will retain, for their personal use, the difference between their total income and the applicable board and care allowance established by Department rules				
a.	A facility must not require a resident to deposit his personal funds with the facility				
b.	Once the facility accepts the written authorization of the resident, it must hold, safeguard and account for such personal funds under a system established and maintained by the facility in accordance with this paragraph				
6	Management of Personal Funds: Upon a facility's acceptance of written authorization of a resident, the facility must manage and account for the personal funds of the resident deposited with the facility as follows:				
a.	The facility must deposit any amount of a resident's personal funds in excess of five (5) times the personal needs allowance in an interest bearing account (or accounts) that is separate from any of the facility's operating and credit all interest earned on such separate account to such account. The facility must maintain any other personal funds in a non-interest bearing account or petty cash fund				
b.	The facility must assure a full and complete separate accounting of each resident's personal funds, maintain a written record of all financial transactions involving each resident's personal funds deposited with the facility and afford the resident (or a legal representative of the resident) reasonable access to such record				
c.	Upon the death of a resident with such an account, the facility must promptly convey the resident's personal funds (and a final accounting of such funds) to the individual administering the resident's estate. For clients of the Department, the remaining balance of the funds must be refunded to the Department				

7	Access and Visitation Rights: Each facility must permit:				
a.	Immediate access to any resident by any representative of the Department, by the state ombudsman for the elderly or his designees, or by the resident's individual physician				
b.	Immediate access to a resident, subject to the resident's right to deny or withdraw consent at any time, by immediate family or other relatives				
c.	Immediate access to a resident, subject to the reasonable restrictions and the resident's right to deny or withdraw consent at any time, by others who are visiting with the consent of the resident				
d.	Reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time				
8	Employment: Each resident must have the right to refuse to perform services for the facility except as contracted for by the resident and the administrator of the facility. If the resident is hired by the facility to perform services as an employee of the facility, the wage paid to the resident must be consistent with state and federal law				
9	Confidentiality: Each resident must have the right to confidentiality of personal and clinical records				
10	Freedom from Abuse, Neglect and Restraints: Each resident must have the right to be free from physical, mental or sexual abuse, neglect, corporal punishment, involuntary seclusion, and any physical or chemical restraints				
11	Freedom of Religion: Each resident must have the right to practice the religion of his choice or to abstain from religious practice. Residents must also be free from the imposition of the religious practices of others				
12	Control and Receipt of Health-Related Services: Each resident must have the right to control his receipt of health-related services, including:				
a.	The right to retain the services of his own personal physician, dentist and other health care professionals				
b.	The right to select the pharmacy or pharmacist of his choice so long as it meets the statute and rules governing residential care or assisted living and the policies and procedures of the residential care or assisted living facility				
c.	The right to confidentiality and privacy concerning his medical or dental condition and treatment				
d.	The right to refuse medical services based on informed decision making. Refusal of treatment does not relieve the facility of its obligations under this chapter				
i.	The facility must document the resident and his legal guardian have been informed of the consequences of the refusal				
ii.	The facility must document that the resident's physician or authorized provider has been notified of the resident's refusal (Note: MD should be contacted especially when there is severity or a significant pattern)				

13	Grievances: Each resident must have the right to voice grievances with respect to treatment or care that is (or fails to be) furnished, without discrimination or reprisal for voicing the grievances and the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents				
14	Participation in Resident and Family Groups: Each resident must have the right to organize and participate in resident groups in the facility and the right of the resident's family to meet in the facility with the families of other residents in the facility				
15	Participation in Other Activities: Each resident must have the right to participate in social, religious and community activities that do not interfere with the rights of other residents in the facility				
16	Examination of Survey Results: Each resident must have the right to examine, upon reasonable request, the results of the most recent survey conducted by the Licensing and Survey Agency with respect to the facility and any plan of correction in effect with respect to the facility				
17	Access by Advocates and Representatives: A residential care or assisted living facility must permit advocates and representatives of community legal services programs, whose purpose include rendering assistance without charge to residents, to have access to the facility at reasonable times in order to:				
a.	Visit, talk with, and make personal, social, and legal services available to all residents				
b.	Inform residents of their rights and entitlements and their corresponding obligations, under state, federal and local laws by distribution of educational materials and discussion in groups and with individuals				
c.	Assist residents in asserting their legal rights regarding claims for public assistance, medical assistance and social security benefits, and in all other matters in which residents are aggrieved, this may be provided individually, or in a group basis, and may include organizational activity, counseling and litigation				
d.	Engage in all other methods of assisting, advising and representing residents so as to extend to them the full enjoyment of their rights				
e.	Communicate privately and without restrictions with any resident who consents to the communication				
f.	Observe all common areas of the facility				
18	Access by Protection and Advocacy System: A residential care or assisted living facility must permit advocates and representatives of the protection and advocacy system designated by the governor under 42 U.S.C. Section 15043 and 42 U.S.C. Section 10801 et seq., access to residents, facilities, and records in accordance with applicable federal statutes and regulations				

19	Access by the Long Term Care Ombudsman: A residential care or assisted living facility must permit advocates and representatives of the long term care ombudsman program pursuant to 42 U.S.C. Section 3058, Section 67 5009, Idaho Code, and IDAPA 15.01.03, "Rules Governing the Ombudsman for the Elderly Program," access to residents, facilities and records in accordance with applicable federal and state law, rules, and regulations				
20	Transfer or Discharge: Each resident must have the right to be transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment of their stay. In non-emergency conditions, the resident must be given at least thirty (30) calendar days notice of discharge. A resident has the right to appeal any involuntary discharge				
21	Citizenship Rights: Each resident has a right to be encouraged and assisted to exercise their rights as a citizen, including the right to be informed and to vote				
22	Advanced Directive: Residents have the right to be informed, in writing, regarding the formulation of an advanced directive to include applicable State law, Section 39-4510, Idaho Code				

Policy and Procedure Worksheets
SMOKING (refer to: 16.03.22.161 & 16.03.22.550.03.a.iii)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility must develop a <i>policy and a set of procedures</i> that outline if and when smoking is allowed at the facility. Also, how the facility will notify all facility personnel, residents, and the visiting public of the smoking rules within the facility. (Note: Nothing in this section requires that smoking be permitted in a facility whose admission policies prohibit smoking.) The following items will need to also be addressed in the policy:				
a.	How will the facility ensure prohibition of smoking in any area where flammable liquids, gases, or oxidizers are in use or stored				
b.	How will the facility enforce prohibition of smoking in bed				
c.	How will the facility determine when residents cannot be left unsupervised while smoking. Such residents could include those classified as not mentally or physically responsible and residents affected by medication. If residents meet the above classification, what steps will the facility staff take to provide supervision while smoking and how will cigarettes and lighters be securely stored (Note: This includes residents who choose to smoke with oxygen on, as this is a dangerous behavior and could cause harm)				
d.	How will the facility enforce prohibition of smoking in areas where combustible supplies or materials are stored				
e.	(Note: Address in policy only if applicable) 1. How will the facility determine designated smoking areas 2. Where are the designated smoking areas 3. How will the facility notify individuals where appropriate smoking areas are located				